United States District Court

for the

Eastern District of New York

Government Employees Insurance Company, GEICO Indemnity Company, GEICO General Insurance Company and GEICO Casualty Company,)		
Plaintiff)		
v. NY Neurological Care PLLC and Naseer Ahmad Chowdhrey, M.D.,)))	Civil Action No.	23-cv-9036
Defendant)		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) See Attached Rider

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Barry I. Levy, Esq

whose name and address are:

Rivkin Radler LLP 926 RXR Plaza Uniondale, New York 11566 516-357-3000 RR File No. 005100.03870

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

> BRENNA B. MAHONEY CLERK OF COURT

12/12/2023 Date:

Cynthia Valera

Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

		ne of individual and title, if any)				
was re	ceived by me on (date)	·				
	☐ I personally served	the summons on the individual at (place))			
			on (date)	; or		
	☐ I left the summons	at the individual's residence or usual pl	ace of abode with (name)			
		, a person of suitable age and discretion who resides there,				
	on (date)	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summo	ons on (name of individual)		, who is		
	designated by law to a	accept service of process on behalf of (no	ame of organization)			
			on (date)	; or		
	☐ I returned the summ	mons unexecuted because		; or		
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty	y of perjury that this information is true.				
Date:			Server's signature			
			C			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc:

RIDER "A" TO SUMMONS IN GOVERNMENT EMPLOYEES INSURANCE COMPANY, et al. v. NY NEUROLOGICAL CARE PLLC, et al.

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Barry I. Levy, Esq. Michael A. Sirignano, Esq. Joshua D. Smith, Esq. RIVKIN RADLER LLP 926 RXR Plaza Uniondale, New York 11556 (516) 357-3000

Counsel for Plaintiffs, Government Employees Insurance Company, GEICO Indemnity Company, GEICO General Insurance Company and GEICO Casualty Company

EASTERN DISTRICT OF NEW YORK		
GOVERNMENT EMPLOYEES INSURANCE		
COMPANY, GEICO INDEMNITY COMPANY, GEICO		
	D14 NJ	(
GENERAL INSURANCE COMPANY, and GEICO	Docket No.:	(
CASUALTY COMPANY,		

Plaintiffs,

-against-

UNITED STATES DISTRICT COURT

NY NEUROLOGICAL CARE PLLC and NASEER AHMAD CHOWDHREY, M.D.,

Defendants.	
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NY NEUROLOGICAL CARE PLLC c/o New York Secretary of State 99 Washington Avenue Albany, New York 12231-0001

NASEER AHMAD CHOWDHREY, M.D. 6 Seneca Rd Schenectady, NY 12309-1329)